

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="text-align: center; font-size: 1.2em;">9/780699</div>	FILING DATE				
						APPLICANT(S)					
<div style="font-size: 1.2em;">4/1/05</div> CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓			/							
2	✓			/							
3		✓			/						
4	✓			/							
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TOTAL IND.	5	✓	5	✓	✓						
TOTAL DEP.	1	✓	1	✓	✓						
TOTAL CLAIMS	6		6								
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						TOTAL IND.	✓	✓	✓	✓	✓
						TOTAL DEP.	✓	✓	✓	✓	✓
						TOTAL CLAIMS					

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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